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Egypt

Public Health Legislation

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1. [REDACTED] we had a meeting at the Central Administration of the Ministry of Health on Public Health Legislation in Egypt. Present at this meeting were:

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Dr A M Kamal
Dr Safar Amin
Dr Amr
Dr [REDACTED]
Prof. Abbasi
Dr [REDACTED]

2. Dr A M Kamal opened the meeting with the subject of health legislation as regards epidemic and infectious diseases and gave a historical survey of public health in general in Egypt. He said that the recent public health legislation in Egypt goes back to the early part of the 19th century. During the first half of that century there were no laws in the sense of the word as understood today. Any order from the ruler was "Law." Not only this, but such "Laws" were passed in a haphazard manner to treat and cover emergencies which prevailed at the time of their issue. Moreover, although some of these orders had a generalizing feature, it was practically impossible to adopt them all over the country. It is very easy to understand such a condition of affairs because until 1820 the country totally lacked physicians.
3. In 1820 the ruler employed the services of a few French doctors, who came to Egypt on his demand. The main object of their employment was for the medical care of the army, which was the all-important feature in the state at that time. It was in that year that Dr Clot Bey appeared on the scene, and tribute must be paid to him because he is considered the founder of health and medical reform in Egypt.
4. More French doctors were employed, and by 1826 every army unit had its medical officer and recruits began to undergo a medical examination before joining the army.

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It seemed that smallpox was rampant in the country at that time, because two French physicians were employed exclusively for vaccinating the troops and the civilians. They were assigned also the task of training some natives to do the job.

5. In 1827 the first medical school was founded near Cairo, and an order was passed to build a hospital in Alexandria. The foundations of that hospital, however, were not laid until 1831.
6. In 1828 it was decreed that the French quarantine regulations be adopted. In 1831 an order was passed obliging the inhabitants to clean the streets in front of their houses or shops; the vacant land was to be cleaned by workmen who were to be paid by money collected from the wealthy dwellers living on that street. A primitive attempt toward municipalization.
7. In 1833 a school for midwives and another for pharmacy were opened. In 1837 the first attempt toward a school medical service began by the appointment of a school medical officer for every province, and it was ordered that all of those wishing to enter the school had to be examined medically and that every pupil should have a health card.
8. In 1839 registration of births and deaths in the towns was ordered. It took six years to enforce this order in the rural areas. This order, however, did not require the medical examination of deaths before burial. This was made obligatory in 1842; examination was to be done either by a physician or an "expert," but in case of suspicion the physician's examination was imperative.
9. In 1841 the first public health act was passed. It regulated the appointment of physicians to the provinces, their duties and administrative powers. In this act food inspection appeared for the first time in legislative decrees.
10. In 1842, for the first time, physicians were appointed solely for health work. This was in Cairo only; the number of appointed Medical Officers of Health (MOH) was four. Five years later MOH's for the provinces were appointed.
11. In 1844 Egyptian doctors were appointed solely to perform vaccinations against smallpox. During the same year an order to open special books for registration of vaccination was passed.
12. While on the subject of vaccination, it is well to mention that:
 - a. In 1883 re-vaccination of children aged five to seven was ordered.
 - b. It seemed that the Health Administration experienced difficulty in ascertaining the results of the vaccinations, and so in 1885 it was ordered that fathers and guardians of children had to bring their children within a week of vaccination to ascertain the result and to repeat the operation if the first one was negative.
13. In 1845 a new Public Health Act was enacted, canceling the 1841 act. The same principles prevailed in the provisions of the new act and Senior MOH's were appointed in the provinces for the first time to supervise the work of the junior officers within their jurisdiction. This Senior MOH acted at the same time as the MOH of the chief town of the province.
14. The provisions of this act stipulated the diagnosis of the causes of deaths and also contained certain regulations for cleanliness of houses, streets, collection of garbage and its disposal from towns and villages. It also ordered the appointment of two senior inspectors, one for Lower Egypt and the other for Upper Egypt.
15. In 1846 orders were issued for the filling in or draining of swamps and unhealthy stagnated water. In 1869 the first municipality in Egypt was founded, and it was in Alexandria. The town of Mansura came next, in 1881 - six more municipalities were established. It is interesting to mention also that the old records indicate that during 1869 an epidemic disease prevailed in the Behra province, the most western area in the delta. A medical commission was formed to inquire about this

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"new" disease. The symptoms recorded were fever followed by nervous manifestations, and the opinion of the commission was that the disease was epidemic meningitis. In the commission's opinion the Bedouins of the Western Desert brought the infection, and the report ends, "orders were given to the Bedouins to retreat and the epidemic abated."

16. In 1871 a decree was passed ordering the formation of two councils in every town or village, the membership being through voting by the inhabitants of every locality. One of these councils was for disputes - a sort of court on tribal traditions. The second one was a sort of board controlling and supervising the execution of legislative decrees and orders. That council supervised health matters such as vaccinations, registration of births and deaths.
17. This looks like a step toward the establishment of local councils in villages and small towns. In 1887 a decree for the prevention of river and canal pollution was passed. It was passed but was applicable only to the Iamalia Canal and Khalig - a big water channel which used to pass through the middle of Cairo. In 1889, the same order was applied to Mahmudia Canal.
18. Control of trade began in 1881, and in 1885 the medical examination of prostitutes was made obligatory.
19. This resume shows clearly what has been said before about the haphazard manner of issuing legislation concerning health problems. This is not strange, as during that epoch, Egypt was still in the stage of development. Another cause for this was that there was no head office or department that was responsible for the health conditions of the country. There was a health board, but it dealt more with quarantine than with anything else.
20. In regard to infectious diseases, nothing in the old register denotes that they had a share in these orders. It might be because infectivity of diseases was not known in the sense that we know about it now, and it might also be that the population was small and the people scattered, with very little means of communication between them.
21. The whole story of infectious disease control during that period was exclusively quarantine along the Mediterranean and Red Sea areas. The only diseases of importance at that time were smallpox, already tackled by the introduction of vaccine, plague and cholera.
22. Plague appeared in the country, in the legislation, for the first time in 1844. An order was passed demanding notification of cases and stipulating certain punishments for those who did not abide by the regulation - those who hid the patients or transferred them from one place to another. Three of the interesting points in that order were: (1) All inhabitants were asked to expose their bed linens and clothing to the sun every day, (2) To collect and burn all refuse from the houses, and (3) Punishment of every person found to be dirty of body or clothes.
23. In 1895 the first complete, so to speak, regulation appeared in the records. This was through a ministerial decree which was passed ordering the formation of sanitary committees in the different localities.
24. Dr Anwar then took over and made the following statements concerning the legislation for prevention of epidemic diseases in Egypt. Recent legislation along the line of prevention of epidemic diseases in Egypt took place in the latter half of the 19th century. Its main object was to establish means of preventing cholera and plague, two diseases which were devastating the country at that time. It began with: (1) Decree of the Ministry of Interior on 11 May 1895, ordering the formation of sanitary committees in the different localities of Egypt. It authorized those committees to take measures, such as the cleaning of houses, their painting, the cleaning of pits and cesspools and the prevention of their connecting with rivers, canals, wells or other water supplies. It also authorized the committees to close any polluted underground water supply. (2) Decree of 27 May 1899, amended several times and at last changed into Law No 153, 1947, during the recent cholera attack. This decree authorizes the Medical Officers to isolate cases of cholera and those

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in contact with the sick person, cases of plague and contacts of pneumonic plague. Their belongings were to be disinfected, as well as the premises in which such cases were located. It prohibited the transference of cases and corpses of these diseases. It put the obligation upon certain persons to make notification in cases of plague and cholera, and it authorized house inspection in search of cases. Punishment: Penalty is from 50-500 piastres and two months in prison for transference of cases or corpses, 30 piastres or three months in prison for other offenses.

(3) Law No 10, 1917, amended by Law No 3, 1929, authorizes the closing of a locality well, bathing pool, food establishment, etc, if there is any suspicion of cholera in it. It also authorizes the sanitary authorities to prevent the sale of unhealthy foods in shops or by ambulating vendors, such as ice cream, sandwiches and fruits. All of these measures may be enforced in case of opposition.

(4) Law No 149, 1947. This was also passed during the cholera epidemic, in place of Law No 3, 1918. It places certain restrictions upon transport and traveling from infected areas to the non-infected, with the main aim of putting travelers from infected areas under the observation of the sanitary authorities of the locality upon arrival. Punishment of 10 piastres or one month imprisonment.

25. To implement and give force to these laws, some others were passed. They are:

(1) Decree requiring observation of all travelers on arrival by local medical officers, (2) Decree requiring observation of travelers coming from infected localities with one of the five quarantinable diseases, (3) Decree providing for disinfection of premises against plague, by force in case of opposition.

26. Laws for other infectious diseases:

(1) Law No 15, 1912, puts obligation upon treating physicians, parents or supporting relatives, owner of premises, or headmaster of school to notify within 24 hours of cases of infectious diseases. It divides infectious diseases into two categories:

Category A: Typhus, smallpox, anthrax, relapsing, CSM, typhoid group, scarlet and poliomyelitis.

Category B: All other infectious diseases except German measles, infective hepatitis and food poisoning.

It authorizes medical officers to isolate cases, if necessary, and disinfect things and houses, isolate contacts of anthrax and put other contacts under observance.

(2) Law No 18, 1918, prevents the importing of shaving brushes and bristles, unless accompanied by certificates from the local sanitary authorities declaring their disinfection to the extent of their freedom from anthrax spores.

27. Laws of Immunization

(1) Decree of December 1890, amended by decree of August 1897 and later by Law No 9, 1917. This law puts obligations on parents of all infants in Egypt to send them, within the first three months after birth, to the health offices or to the nearest health agent to be vaccinated against smallpox. Punishment: 10-100 piastres penalty.

(2) Law No 109, 1931. This authorizes Medical Officers of Health to vaccinate contacts of cases of plague, cholera, diphtheria, smallpox, typhoid, yellow fever by a decree passed by the Minister; this may be changed to mass vaccination in certain localities considered infected with one of these diseases. Punishment: penalty of not more than 100 piastres or one week imprisonment, or both.

(3) Law No 24, 1940 (adaptive), amended recently by Law No 307, 1952. This requires parents (fathers) of infants in the concerned area to take them, when they are one year old, to the nearest health office three times to be vaccinated against diphtheria. Penalty of 10-100 piastres or one week imprisonment or both for default.

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28. Law Relative to Rags.

The Decree of August 1904 concerning objectionable, unhealthy and dangerous establishments applies to rag stores and rag teasing factories. Law No 1, 1906, Decree of October 1906, Decree of the municipality of Alexandria, January 1898 - These apply to the shipment of rags inside the country and Alexandria. They place restrictions and regulations upon rag shipments, with the aim of preventing the transmission of infection by rags.

29. Laws concerning Shellfish

Some shellfish may transmit certain infections (Enteric)

(1) Decree 16 Jun 1912 prohibits the catching of shellfish during the period from May until the end of October every year, the season of enteric infection. Prohibition may continue in the presence of an epidemic.

(2) Decree 1 Apr 1926 prevents importation of shellfish during the same period.

30. Psittacosis

(1) During the spread of psittacosis in some other countries, it was found that cases in Egypt were related to some parrots imported from Japan (1930). A law was passed prohibiting the importation of these pet birds and their feathers.

(2) Law No 134, 1946, regulates the importation of pet birds and feathers. It authorizes quarantine of the birds for 15 days after their arrival; samples of their feathers are taken for bacteriological examination. The Minister is authorized to stop the importation of these birds in case of danger of spread of the disease.

31. In reply to a question as to whether there was a national assembly which passes laws, Dr Kamal confirmed that laws were generally passed by the Parliament. A ministerial order cannot be passed without a reference to a law.

32. In reply to a question as to whether in the field of sanitation Egyptian medical authorities have power to make regulations about the sale of milk or plumbing, Dr Kamal gave the following statement: Regulations as far as milk is concerned have to be passed by the Ministry. Plumbing is looked after by the municipality, but under the form of administrative regulations and not laws. Sometimes there are differences of opinion at the Ministry, for instance about sewage farms. The Ministry of Health has prohibited the cultivation of vegetables to be eaten crude in these farms. But on the old farms, these are still cultivated. Generally, when there is a legislation concerning health matters, the Ministry has to decide. Anything concerning water is supervised by a Water Board. Members of other Ministries also attend the meetings of the Water Board. The decision of this Water Board is final. The committee of the Water Board consists only of government members.

33. In Egypt when the Ministry wants to pass a law, the first step is to send it to the Legal Department to check whether there is contradiction to existing laws. Then it goes to the Council of Ministers, so that every Minister may see if it is contrary to the administration of his ministry. If anything is wrong, they will return it to the Ministry concerned or the local department. Steps of passing a law are more or less reserved to see that nothing is wrong or nothing against existing laws. It is the Council of Ministers which finally decides. A Minister cannot pass a regulation except on reliance to an article in a law. After approval of Legal Department, the Minister can decide without appealing to the Council.

34. Dr Kamal stated that in Egypt the word "quarantine" means either isolate the case or put it under examination. One must not forget the difference in the standard of education between the US and Egypt, which makes the difference in regulations. In Egypt people have to be convinced; once they are convinced, they understand easily.

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When they cannot be convinced, enforcement of regulations becomes necessary. What is of great help in the US is that there is a lot of home public health nursing, which Egypt lacks. Medical Officers in the US have a good routine in case of epidemics, which is to distribute pamphlets among the people. In Egypt this system has also been adopted, but not extensively. They rely more or less on regulations. In Egypt they have had more practical experience because there have been epidemics of cholera and plague. In case this should occur in the US, drastic measures would have to be adopted in order to isolate the disease.

35. Dr Kamal stated that a ministerial decree exists for cleaning streets that gives the power to municipalities to adopt regulations within restrictions, i e, the municipality can pass an order adopting that ministerial decree, but not amplifying it. They take the regulation and pass an order adopting it.
36. The stricter the regulations regarding disinfection, the less likely that cases will be reported. For instance, mothers will be discouraged from making a report when a child is stricken with an infectious illness. If restrictions are made more lenient, better cooperation is obtained from the people. It is obvious that, if the regulations are too strict, people will try to conceal the case, owing to the long time their homes are disturbed by a long quarantine period. These examples are to show that people become fearful of laws and regulations which are very strict.
37. Dr Kamal said that an article has been added to the infectious diseases law; every carrier of typhoid should be isolated in the hospital until he is free. But this method was not successful. The Ministry of Health is working in an awkward position. People do not make notification of cases, especially in the villages. A penalty is imposed in cases of such non-notification. In Dr Kamal's opinion the penalty was not strong enough and should be increased.
38. Dr Kamal disagreed to the increase of the penalty. In his opinion the whole idea of the penalty would not be of much help. People are afraid of the inspectors who are disinfecting their homes. If the family doctor makes notification of a case in one of his families, they will probably never call on him again. But, by now, restrictions are made on disinfection for cases of measles and mumps and light diseases, and they are even getting less and less.
39. Dr Kamal proceeded: As schools in the villages are very dirty, the health administration had to use disinfection during the 1930 epidemic. The Ministry of Health does limewashing every few years all over the country. This is a so-called Cleansing Campaign, and is free. Its aim is to clean villages and schools, take samples of water from wells and analyze it in laboratories. This helped a lot, but was suddenly stopped by the Ministry.
40. DDT dusting is also used in Egypt and has met with favorable response from the people. An article in the infectious diseases law says that contacts have to abide with the regulations on measures ordered by the health authorities. This is done three or four times a year - dusting campaigns. Revaccination is done every four years against smallpox. No difficulty with the people is noted here. No law or regulation requires this, but it is done just the same. 90% of the population is vaccinated during these campaigns.
41. There are gangs in every province. The chief officer has to divide his locality into four areas. These gangs go to Area A for instance, survey the area and then begin vaccination. First they register the names of the inhabitants, then the sanitary inspectors and nurses revaccinate. When they finish Area A, they go over to B, C and D. Once all of the sections are through, they start again at Area A. In reply to a question as to whether they had experienced any complications with vaccination, Dr Kamal answered that no cases of such are on record.
42. It is planned to compile all laws concerning cholera, plague, etc into a general infectious diseases law. As to putting more penalties in the regulations for cholera and plague, it is thought to increase the penalty for non-notification for doctors, parents, owners of schools etc. In reply to a question as to whether this was to be

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compulsory legislation, the answer was affirmative. A law is to be promulgated for disinfection of premises by DDT against flies and fleas. There are regulations and committees for every Ministry to work out projects for the next five years. There is a higher commission which sits to coordinate the different projects which are sent from the lower commissions. A proposal was made for the lower sub-commission to meet, discuss the principal lines on which the improvement of the sanitary conditions in the villages should be based. This proposal has been accepted.

43. There is a law for private ranches, which compels every owner to compile certain regulations about water supply etc. It still has to be approved. This is not for villages, but only for ranches. The regulations for villages are merely for potable water supplies.
44. In Alexandria the outbreak of typhoid caused by shellfish is 1100 per million, and in Cairo 1800 per million. All cases of typhoid that occurred are not a sort of outbreak, relating to an element or factor of infection, but due to carriers, flies, dirt etc. Although there is a law prohibiting the selling of shellfish at a certain period of the year, they are sold on the black market.
45. Dr Kamal talked of an epidemic of typhoid in London some years ago. It was traced to a fried small fish. He stated that in Egypt there is this kind of fish and sometimes in the villages boys go into the canals and catch the fish with their hands, fry them and eat them without cleaning. Dr Kamal stated that cholera was found in a certain fish in Egypt, and that case was submitted to the Expert Committee. When the water in the canals gets too low, it becomes almost muddy. At this time the water is so polluted that it might pollute fish.
46. A year ago [1952] cases of acute vomiting and diarrhea occurred among certain villagers. The cases had no relation to each other. Having had cholera in 1947, it was feared that this was cholera again. Bacteriological examination proved nothing more than the presence of cholera germs. The question is whether it is possible that drinking heavily polluted water could cause toxins with vomiting and diarrhea.
47. The meeting was closed.

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